6/30/2002-90227-(

# FILED
# Aug 04, 2002 8:00 am
# Secretary of State

06-30-2002 90227 009 ***150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000048947

1. Entity Name
GOD WINS FARM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 36468 EMERALD COAST PARKWAY<br>OLD SOUTH CENTRE SUITE 2101<br>DESTIN FL 32541 | 36468 EMERALD COAST PARKWAY<br>OLD SOUTH CENTRE SUITE 2101<br>DESTIN FL 32541 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9346 Hwy 20 W. - Freeport FL<br>Suite, Apt. #, etc. | 110 Sunset Cove<br>Suite, Apt. #, etc. |
| City & State: Niceville FL | City & State: Niceville FL |
| Zip: 32578 Country: USA | Zip: 32578 Country: USA |

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HALL, STEVEN K<br>36468 EMERALD COAST PARKWAY SUITE 2101<br>DESTIN FL 32541 | Name: N/A<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: FL Zip Code: |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HALL, SHERRY GRANT<br>36468 EMERALD COAST PARKWAY SUITE 2101<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HALL, STEVEN K<br>36468 EMERALD COAST PARKWAY SUITE 2101<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEYRAUCH, SKIP<br>36468 EMERALD COAST PARKWAY SUITE 2101<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sherry Grant Hall SHERRY GRANT HALL 5/1/02 850-897-1233
SIGNATURE REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #